

**University Medical Center Of Southern Nevada**

**CONFIRMATION FORM  
for  
RECEIPT OF RFP NO. 2011-15  
Imaging Services Equipment (Rm 4 & Rm 6)**

If you are interested in this invitation, immediately upon receipt please fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda mailed to you.

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**VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:**

PROJECT NO. RFP NO. 2011-15

DESCRIPTION: Imaging Services Equipment (Rm 4 & Rm 6)

**VENDOR MUST COMPLETE THE FOLLOWING INFORMATION:**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Name / Title: \_\_\_\_\_

Area Code/Phone Number: \_\_\_\_\_

Area Code/Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FAX THIS CONFIRMATION FORM TO: (702) 383-2609  
Or EMAIL TO: robert.maher@umcsn.com  
TYPE or PRINT CLEARLY**

UNIVERSITY MEDICAL CENTER  
OF SOUTHERN NEVADA

REQUEST FOR PROPOSAL

RFP NO. 2011-15  
Imaging Services Equipment

(Rm 4 & Rm 6)

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

REQUEST FOR PROPOSAL

RFP NO. 2011-15

Imaging Services Equipment (Rm 4 & Rm 6)

UMC is looking to identify superior proposers that can provide Imaging Services Equipment (Rm 4 & Rm 6) for purchase. Requirement will include removal, installation, and training.

The RFP package is available as follows:

- Pick up - University Medical Center, Contracts Management Office, 800 Rose Street, Suite 408, Las Vegas, Nevada 89106.
- By Electronic Mail or Mail – Please email a request to Contracts Management at [robert.maher@umcsn.com](mailto:robert.maher@umcsn.com) specifying project number and description. Be sure to include company address, phone and fax numbers, email address or call (702) 207-8846.
- Internet – Visit the Clark County website at [www.clarkcountynv.gov/purchasing](http://www.clarkcountynv.gov/purchasing). Click on “Current Opportunities”, scroll to bottom for UMC’s Opportunities and locate appropriate document in the list of current solicitations.

A Pre-Proposal Conference will be held on **August 8th, 2011** at **10:30 a.m.**, at 800 Rose St, Las Vegas, 4<sup>th</sup> Floor Conference Room H.

Proposals will be accepted at the University Medical Center address specified above on, or before, **August 26, 2011** at 2:00 p.m., based on the time clock at the UMC Materials Management office. Proposals are time-stamped upon receipt.

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PUBLISHED:  
Las Vegas Review Journal  
Date: 31 July 2011

GENERAL CONDITIONS  
RFP NO. 2011-15  
Imaging Services Equipment (Rm 4 & Rm 6)

1. TERMS

The term "OWNER" or "UMC", as used throughout this document, will mean University Medical Center of Southern Nevada. The term "BCC" as used throughout this document will mean the Board of Hospital Trustees which is the Governing Body of OWNER. The term "PROPOSER" as used throughout this document will mean the respondents to this Request for Proposal. The term "RFP" as used throughout this document will mean Request for Proposal.

2. INTENT

OWNER is soliciting proposals to purchase Imaging Services Equipment (Rm 4 & Rm 6).

3. SCOPE OF PROJECT

Background

University Medical Center of Southern Nevada, located in Las Vegas, Nevada, is a county-owned, acute-care hospital, organized under Nevada Revised Statute Chapter 450, with over 500 beds, a Level 1 Trauma Center, a Level 2 Pediatric Trauma Center and 10 urgent care clinics.

Purpose

The purpose of this RFP is to identify superior PROPOSER(s) that can provide a turn-key solution for Imaging Services Equipment (Rm 4 & Rm 6) for purchase that will bring the hospital's Imaging Services Department to 100% operational status.

Expectations of Business Partner

UMC strives to provide exemplary service to its patients. UMC therefore has high expectations of its business partners. It is expected that the business partner will provide quality products and service at the lowest price available in the market, but just as important is the expectation that these products and services are provided in a manner that exhibits the highest level of ethics and professionalism. It is expected that, as a result of this relationship, the business partner will work with UMC to ensure that the agreement remains competitive with continual review of market conditions.

4. DESIGNATED CONTACTS

OWNER's representative will be Rob Maher, telephone number (702) 207-8846. This representative will respond to questions concerning the scope of work of this RFP. Questions regarding the selection process for this RFP may be directed to Rob Maher, Contracts Management, [robert.maher@umcsn.com](mailto:robert.maher@umcsn.com).

5. CONTACT WITH OWNER DURING RFP PROCESS

Communication between a PROPOSER and a member of the BCC or between a PROPOSER and a non-designated Owner contact regarding the selection of a proponent or award of this contract is prohibited from the time the RFP is advertised until the item is posted on an agenda for award of the contract. Questions pertaining to this RFP shall be addressed to the designated contact(s) specified in the RFP document. Failure of a PROPOSER, or any of its representatives, to comply with this paragraph may result in their proposal being rejected.

6. TENTATIVE DATES AND SCHEDULE

|  |                         |
|--|-------------------------|
| RFP Published in Las Vegas Review-Journal  | July 31, 2011           |
| <b>Pre proposal conference</b>             | <b>August 8, 2011</b>   |
| Final Date to Submit Questions             | August 16, 2011         |
| Last Day for Addendums                     | August 19, 2011         |
| <b>RFP Responses Due (2:00 pm)</b>         | <b>August 26, 2011</b>  |
| RFP Evaluations                            | August / September 2011 |
| Finalists Selection                        | September 2011          |
| Finalists Oral Presentations (if required) | September 2011          |
| Final Selection & Contract Negotiations    | September 2011          |
| Award & Approval of the Final Contract     | October 2011            |

## 7. METHOD OF EVALUATION AND AWARD

Since the service requested in this RFP is not considered to be a professional service, award will be in accordance with the provisions of the Nevada Revised Statutes, Chapter 332, Purchasing: Local Governments, Section 332.065.

The proposals may be reviewed individually by staff members through an ad hoc committee. The finalists may be requested to provide OWNER a presentation and/or an oral interview. The ad hoc staff committee may review the RFP's as well as any requested presentations and/or oral interviews to gather information that will assist in making the recommendation. OWNER reserves the right to award the contract based on objective and/or subjective evaluation criteria. This contract will be awarded on the basis of which proposal OWNER deems best suited to fulfill the requirements of the RFP. OWNER also reserves the right not to make an award if it is deemed that no single proposal fully meets the requirement of this RFP. OWNER reserves the right to make a multiple award if it is in the best interest of OWNER.

OWNER's mission is to provide the highest quality of care to its patients. For continuity of care and other reasons, OWNER will enter into an exclusive contract for each component described. Once OWNER makes an initial selection, it will utilize required compliance considerations, and negotiate fair market value compensation for the products/services under the agreement. Based upon this process, OWNER will then negotiate a final contract(s) with PROPOSER and present the contract to the BCC for approval.

## 8. SUBMITTAL REQUIREMENTS

The proposal submitted should not exceed 30 pages. Other attachments may be included with no guarantee of review.

**All proposals shall be on 8-1/2" x 11" paper bound with tabbed dividers labeled by evaluation criteria section to correspond with the evaluation criteria requested in Section 18.** The ideal proposal will be 3-hole punched and bound with a binder clip. Binders or spiral binding is not preferred or required. Font size shall be 10 point or greater.

**PROPOSER shall submit one (1) clearly labeled original paper copy as well as one (1) electronic copy of the entire proposal.** The electronic copy shall be on a CD media format in either PDF or Work version. The name of PROPOSER's firm shall be indicated on the cover of each proposal.

**All proposals must be submitted in a sealed envelope plainly marked with the name and address of PROPOSER and the RFP number and title.** No responsibility will attach to OWNER or any official or employee thereof, for the pre-opening of, post-opening of, or the failure to open a proposal not properly addressed and identified. **FAXED OR EMAILED PROPOSALS ARE NOT ALLOWED AND WILL NOT BE CONSIDERED.**

The following are detailed delivery/ mailing instructions for proposals:

| <u>Hand Delivery</u>   | <u>U.S. Mail Delivery</u>   | <u>Express Delivery</u>  |
|--|---|--|
| University Medical Center<br>Materials Management<br>Trauma Center Building<br>800 Rose Street, Suite 408<br>Las Vegas, Nevada 89106 | University Medical Center<br>Materials Management<br>1800 West Charleston Blvd<br>Las Vegas, Nevada 89102 | University Medical Center<br>Materials Management<br>800 Rose Street, Suite 408<br>Las Vegas, Nevada 89106 |
| RFP No. 2011-15<br>Imaging Services Equipment<br>(Rm 4 & Rm 6)   | RFP No. 2011-15<br>Imaging Services Equipment<br>(Rm 4 & Rm 6)  | RFP No. 2011-15<br>Imaging Services Equipment<br>(Rm 4 & Rm 6)   |

Regardless of the method used for delivery, PROPOSER(S) shall be wholly responsible for the timely delivery of submitted proposals.

Proposals are time-stamped upon receipt. Proposals submitted must be time-stamped no later than 2:00 p.m. on the RFP opening date. RFPs time-stamped after 2:00 p.m., based on the time clock at the UMC Contracts Management office will be recorded as late, remain unopened and be formally rejected.

## 9. WITHDRAWAL OF PROPOSAL

PROPOSER(S) may request withdrawal of a posted, sealed proposal prior to the scheduled proposal opening time

provided the request for withdrawal is submitted to OWNER's representative in writing. Proposals must be re-submitted and time-stamped in accordance with the RFP document in order to be accepted.

No proposal may be withdrawn for a period of 90 calendar days after the date of proposal opening. All proposals received are considered firm offers during this period. PROPOSER's offer will expire after 90 calendar days.

If a PROPOSER intended for award withdraws their proposal, that PROPOSER may be deemed non-responsible if responding to future solicitations.

#### 10. REJECTION OF PROPOSAL

OWNER reserves the right to reject any and all proposals received by reason of this request.

#### 11. PROPOSAL COSTS

There shall be no obligation for OWNER to compensate PROPOSER(S) for any costs of responding to this RFP.

#### 12. ALTERNATE PROPOSALS

Alternate proposals are defined as those that do not meet the requirements of this RFP. Alternate proposals will not be considered.

#### 13. ADDENDA AND INTERPRETATIONS

If it becomes necessary to revise any part of the RFP, a written addendum will be provided to all PROPOSER(S) in written form from OWNER's representative. OWNER is not bound by any specifications by OWNER's employees, unless such clarification or change is provided to PROPOSER(S) in written addendum form from OWNER's representative.

#### 14. PUBLIC RECORDS

OWNER is a public agency as defined by state law, and as such, it is subject to the Nevada Public Records Law (Chapter 239 of the Nevada Revised Statutes). Under that law, all of OWNER's records are public records (unless otherwise declared by law to be confidential) and are subject to inspection and copying by any person. However, in accordance with NRS 332.061(2), a proposal that requires negotiation or evaluation by OWNER may not be disclosed until the proposal is recommended for award of a contract. PROPOSER(S) are advised that once a proposal is received by OWNER, its contents will become a public record and nothing contained in the proposal will be deemed to be confidential except proprietary information. PROPOSER(S) shall not include any information in their proposal that is proprietary in nature or that they would not want to be released to the public. Proposals must contain sufficient information to be evaluated and a contract written without reference to any proprietary information.

If a PROPOSER feels that they cannot submit their proposal without including proprietary information, they must adhere to the following procedure or their proposal may be deemed unresponsive and will not be recommended to the BCC for selection.

PROPOSER(S) must submit such information in a separate, sealed envelope labeled "Proprietary Information" with the RFP number. The envelope must contain a letter from PROPOSER's legal counsel describing the documents in the envelope, representing in good faith that the information in each document meets the narrow definitions of proprietary information set forth in NRS 332.025, 332.061 and NRS Chapter 600A, and briefly stating the reasons that each document meets the said definitions.

Upon receipt of a proposal accompanied by such a separate, sealed envelope, OWNER will open the envelope to determine whether the procedure described above has been followed.

Any information submitted pursuant to the above procedure will be used by OWNER only for the purposes of evaluating proposals and conducting negotiations and might never be used at all.

If a lawsuit or other court action is initiated to obtain proprietary information, a PROPOSER(S) who submits the proprietary information according to the above procedure must have legal counsel intervene in the court action and defend the secrecy of the information. Failure to do so shall be deemed PROPOSER's consent to the disclosure of the information by OWNER, PROPOSER's waiver of claims for wrongful disclosure by OWNER, and PROPOSER's

covenant not to sue OWNER for such a disclosure.

PROPOSER(S) also agrees to fully indemnify OWNER if OWNER is assessed any fine, judgement, court cost or attorney's fees as a result of a challenge to the designation of information as proprietary.

15. PROPOSALS ARE NOT TO CONTAIN CONFIDENTIAL / PROPRIETARY INFORMATION

Proposals must contain sufficient information to be evaluated and a contract written without reference to any confidential or proprietary information. PROPOSER(S) shall not include any information in their proposal that they would not want to be released to the public. Any proposal submitted that is marked "Confidential" or "Proprietary," or that contains materials so marked, will be returned to PROPOSER and will not be considered for award.

16. COLLUSION AND ADVANCE DISCLOSURES

Pursuant to 332.820 evidence of agreement or collusion among PROPOSER(S) and prospective PROPOSER(S) acting to illegally restrain freedom of competition by agreement to bid a fixed price, or otherwise, shall render the offers of such PROPOSER(S) void.

Advance disclosures of any information to any particular PROPOSER(S) which gives that particular PROPOSER any advantage over any other interested PROPOSER(S), in advance of the opening of proposals, whether in response to advertising or an informal request for proposals, made or permitted by a member of the governing body or an employee or representative thereof, shall operate to void all proposals received in response to that particular request for proposals.

17. CONTRACT

Preferred PROPOSER shall submit a sample contract upon owner's request. OWNER reserves the right to negotiate any and all terms of the standard agreement set forth by the PROPOSER. All final contracts are subject to review and approval by the Clark County District Attorney's Office.

18. EVALUATION CRITERIA

Evaluation will be based upon your response to the questions asked below. **All questions are to be answered in the order they appear and be noted with the identifying letter and number.** PROPOSER(S) who do not answer all questions, or provide incomplete responses, may result in disqualification.

**A. Organizational Information**

1. Provide your organization's name, address, internet URL (if any), telephone and fax numbers. Include the name, title, direct phone number and address, and E-mail address of the individual who will serve as your organization's primary contact.
2. Provide a brief description of your organization locally, statewide and nationally (if applicable).
3. List any other factor known to PROPOSER that could materially impair the ability of PROPOSER to carry out its duties and obligations under this Agreement or that could materially affect Owner's decision.
4. All firms may indicate if they are a minority-owned business, women-owned business, physically-challenged business, small business, or a Nevada business enterprise.
5. List organization's employee demographics including:
  - a. Total number of employees
  - b. Total number of women employed
  - c. Total number of minorities employed
  - d. Total number of bilingual employees, indicate language(s) spoken
  - e. Total number of employees located in Clark County, Nevada

**B. Experience / References**

1. Include a brief summary of similar and relevant projects for the past 3-5 years. Each project listed shall include the place of installation, type of work performed, successes, and challenges. This section shall include documentation of PROPOSER's history of adherence to budget and schedule constraints in the listed projects. All firms are encouraged to indicate their experience of performing related work within the State of Nevada.
2. Provide a list of three (3) similar sized medical centers you have recently provided and installed this product; include the following:
  - a. Medical Facility Name
  - b. Address
  - c. Private or Public healthcare facility
  - d. Number of beds
  - e. Primary contact person with title
  - f. Phone number
  - g. Email address. List local medical facilities first
  - h. Services provided to Facility

#### **C. Cost/Price**

Please set forth your proposed fee schedule for the project/deliverables as described in your proposal and Scope of Project. Complete and submit **Exhibit B** (price schedule) into your proposal.

Provide, at a minimum, the following:

- a. A completed **Exhibit B**, listing costs for the project.
- b. A brief explanation of cost breakdown for each line item.
- c. A listing explaining extended warranties and service agreements including cost for years 2-10. (For future reference)
- d. An analysis of the possible outcomes from the trade-in/recycling of the old units.

#### **D. Financials**

1. Provide a copy of your company's most recent audited financials. PROPOSERS(S) that fail to provide financial information may be deemed non-responsive.

#### **E. Project Performance / Implementation Plan**

1. Describe in detail your approach to the project implementation work plan. Include a preliminary project plan that includes:
  - a. Acknowledge complete understanding of the entire RFP and capability of completing this project.
  - b. PROPOSER's concept of the project including the methodology to be used and the major deliverables to be produced.
  - c. Any assumptions.
  - d. Any constraints.
  - e. Provide a project timeline (Gantt chart)
  - f. Detail and explain the proposed schedule (work plan) including tasks, milestones, dates for completion, OWNER and PROPOSER resource assignments, critical path and OWNER's review cycles.
  - g. Identify and explain projected delays to the schedule to include lead times.
  - h. Provide information concerning the Implementation and Training of Team member's. Indicate the present workload of the project staff to demonstrate their ability to devote sufficient time to meet the proposed schedule.

#### **F. Project Information**

##### **1. Technical Data**



Provide detailed information on the characteristics, specifications, operational capabilities of each component identified within the Statement of Work.

- a. What are your policy/procedures, methods regarding upgrades and software enhancements for each type of units proposed?
- b. Explain if and how the proposed systems can handle study accession numbers (MWL and STORE).
- c. Describe the radiation protection and safety features associated with each proposed unit.
- d. Discuss how user friendly the products are.
- e. Does your equipment interface with most PACS systems?
- f. Discuss how well your equipment interfaces with a wireless flat panel detector system.
- g. Is your system compatible to multiple vendors' wireless flat panel detector systems? If so, list manufacturers and models.
- h. Describe and explain the IT interfaces and security associated with each unit.

**2. Warranty**

Provide detailed information about the warranty of each component identified within the Statement of Work.

- a. Provide the duration of coverage and specifics.
- b. What are the standard working hours during which warranty labor is provided without charge?
- c. What cost, if any, for labor outside of normal work hours for warranty coverage?
- d. Provide a list of components not covered.

**3. Training**

Provide detailed information about the types and methods of training available/proposed.

- a. Provide a list and explain the types of training that will be provided.
- b. Does the training provide CEU's?
- c. Discuss the types of follow-on training available.

**4. Maintenance/Repair**

Provided detailed information about the following:

- a. Provide a list and explain the types of maintenance/repair services are available.
- b. Provide information, types and frequency, of routine or specialized requirements for servicing equipment.
- c. What is the average downtime for the equipment?
- d. What is the anticipated operation and maintenance cost over a 10 year period?

**5. Trade-in / Recycle Consideration**

Provided detailed information about the following:

- a. Provide a plan to recoup cost from the old systems. Include cost sharing calculations based on the various approaches provided where both the contractor and UMC obtain a benefit.

**19. Attachments**

| Attachment # | Attachment Name       | Number of Pages |
|--------------|-----------------------|-----------------|
| Exhibit A    | Scope of Project      | 1               |
| Exhibit B    | Cost/Price Schedule   | 1               |
| Exhibit C    | Insurance Information | 3               |
| Exhibit D    | Disclosure (Owner)    | 5               |
| Exhibit E    | Disclosure (Supplier) | 2               |
| Exhibit F    | Milestone Chart       | 1               |
| Exhibit G    | IT Requirements       | 2               |
| Exhibit H    | Terms                 | 1               |

## **Exhibit A**

### **Imagine Services System Replacement** **Scope of Project**

#### **A. Overview**

The objective of this requirement is to outfit two (2) Imaging Service rooms. One room will include a new analog Radiographic Unit while the second room will contain an analog Radiographic/ digital Fluoroscopy Unit. Both rooms shall have their own Single Flat Panel Image Detector system. The units will require interface capabilities with a wireless Single Flat Panel Image Detector system that can be used in the table and upright wall bucky. This project shall include the procurement of the new systems, removal of old units, site prep, installation, operations testing, and training.

1. **Units:** All units shall be new, unpackaged from the manufacturer
2. **Site Prep:** Contractors shall be allowed access, with scheduled appointment, to survey rooms prior to removal of old system and installation of new units
3. **Removal:** Contractor shall complete remove and properly dispose of the old systems
4. **Installation:** Contractors shall install the systems and conduct an operational/function check. Any clinical engineering / IT support must be scheduled at least two (2) weeks prior to installation. Imaging Services personnel shall be present during the operational/function checks as part of the training requirement
5. **Training:** Contractor shall provide training on the maintenance, operation, and usage of the new systems
6. **Miscellaneous:** Contractor shall be responsible for all parts, materials, supplies, tools, etc
7. **Specifications of Systems:** See below

## **B. Equipment Specifications for Radiographic Room 4**

### **1. RADIOGRAPHIC TABLE**

- a. Horizontal, elevating radiographic table
- b. Vertical table Travel:
- c. From 54 cm to 85 cm (21.25" to 33.5")
- d. 4-way floating top
- e. From 115 cm longitudinal Travel, and +/-12.5 cm transverse
- f. Flat table top construction
- g. Maximum patient load of 295 kg (**650 lbs**)
- h. 200/(208)/220/230/240V 1 KVA Single-phase incoming line
- i. Permanent Electromagnetic locks; Locked without power
- j. Table Top Collision Protection Sensor
- k. Small pedestal footprint
- l. Standard Aluminum Grid (10:1 Ratio; 40 lines / cm; 40" focal distance)
- m. Convenient and safe foot controls for elevation and locks
- n. Bucky Travel 40 cm
- o. Bucky with Photo timer; 3 field
- p. Bucky tray accepts cassettes up to 17" by 17"

### **2. Radiographic High Frequency Inverter X-Ray Generator with the following features:**

- a. High Frequency, 50 kHz, Inverter
- b. Microprocessors Controlled
- c. Touch panel with EL display. Color LCD Touch Screen Display with high visual clarity
- d. Control head perimeter illumination indicates control panel status
- e. Advanced Anatomical Programming
- f. Two-point (kV / mAs) and three-point (kV / mA / t) manual techniques and manual AEC / APR override capabilities
- g. **80 kW** Radiographic Rating
- h. Radiographic kV/40 - 150 kV
- i. Radiographic mA / 10 - 1000mA
- j. Time Selections / 0.001 - 10 seconds
- k. Detailed Exposure Factor setting with 12.5% increment exposure time or mAs.
- l. High speed rotor starter
- m. Exposure counter
- n. Anode heat calculator
- o. Compact, space saving control console, desk or wall mount
- p. AEC (Photo timing)
- q. Requires 380/400/415/440/480 VAC 3 Phase input power 75 KVA.
- r. Self Diagnostic function with display of error codes
- s. Wall Stand Mounting Bracket

### **3. Overhead Ceiling Tube Suspension Package:**

- a. 200/(208)/220/230/240V 1 kVA Single-phase incoming line
- b. Color Touch Screen control panel
- c. Color LCD Touch Screen rotates automatically with tube rotation
- d. Anatomical Programmed Radiography (APR)
- e. Easy-to-clean surfaces
- f. Positive touch release operation handles for quick positioning
- g. One-button full-way motion release
- h. 3 way lock release, Vertical lock Release and collimator light switches on Rear of Tube Suspension
- i. Spring balanced for easy movement
- j. Reliable locking system allows any angulation to be held in position
- k. Pop-up information message window on Display.
- l. Over Table X-Ray Tube; 400 KHU; (12 degree, 0.6 X 1.2 Focal)
- m. Automatic Collimation System

- n. Vertical Travel – 160 cm (5' 3")
- o. Longitudinal rails 4.0 meters (13 ft. 1 inch)
- p. Longitudinal Travel – 295 cm (9 ft. 8 inch) (286 cm w / Tomo)
- q. Transverse Rails –260 cm (8'6")
- r. Transverse Travel –200 cm (6'7")
- s. Communicates with the control console, permits the exposure parameters and APR to be set and changed at the x-ray tube crane
- t. The combination of operations from a clear, color LCD display with unique, advanced APR functions allows rapid setting of the parameters
- u. "User defined" lock release buttons
- v. "All Locks" release button allowing one-handed operation for procedures in the standing position
- w. High tension cables 22M
- x. Over table X-ray tube 0.6 x 1.2 400 kHU; 12°
- y. SID Detection (Longitudinal and Transverse)

**4. Wall Bucky**

- a. Vertical travel to accommodate all patient ranges and studies
- b. AEC
- c. Frontal Handgrip
- d. Overhang Handgrip
- e. Removable grid
- f. Grid for 40" 72" examinations
- g. Tilttable Bucky

## **C. Equipment Specifications for Radiographic/Fluoroscopy Room (Room 6)**

### **1. RADIOGRAPHIC / FLUOROSCOPIC TABLE**

- a. 90° vertical to 90° Trendelenberg with continuously variable speed tilt
- b. Maximum tilt speed 90° per 17seconds, Automatic stop at horizontal
- c. Flat 210 X 76.5cm table top
- d. Table Weights: 300lbs. (Dynamic) 500lbs. (Static)
- e. Lateral Cassette Holder for Table
- f. All way power assist,
- g. Carbon fiber reinforced plastic (CFRP) table top for low attenuation
- h. Automatic Dual rectilinear & iris collimator
- i. Motorized Table top movement:
- j. Longitudinal: 76cm both to Head side and Foot side Lateral: +/-10cm
- k. Digital "Flushmount", image intensifier mounts 75mm closer patient\
- l. Tableside Control of Generator and Digital System Functions including:
  - i. Image reversal (black/white, left/right, up/down)
  - ii. Fluoro image record
  - iii. Print function
  - iv. Multi-image display (1, 4, 16 frame selection)
  - v. Multi-function Shuttle Dial (selection of any reference image, window center/window level adjustment)
  - vi. Pulsed Fluoro selection
  - vii. APR selection (Up to 7 items selectable)
  - viii. Fluoroscopic timer reset
  - ix. Film Density selection
  - x. Motor driven reciprocating grid
  - xi. Left or Right hand operated power assist (FSR)
  - xii. Bolus Chase table movement selection
  - xiii. Bucky with size sensing cassette tray and grid
  - xiv. Foot Rest
  - xv. Foot Switch
  - xvi. Shoulder Rest
  - xvii. Compression cone motor driven
  - xviii. Hand Grip
  - xix. Hand Rail
  - xx. Integrated Foot Step (slides in/out) for Patient Loading
  - xxi. Protective Apron

### **2. IMAGE INTENSIFIER**

- a. 16" Image Intensifier
- b. Latest generation, high performance, 30cm (12 in.) tri-mode imaging
- c. 30cm (12")
- d. 23cm (9")
- e. 19cm (7.5")

### **3. DOSE MONITORING DEVICE**

- a. Approved Dose Monitoring Device

### **4. Radiographic / Fluoroscopic High Frequency Inverter X-Ray Generator with the following features:**

- a. High Frequency, 50 kHz, Inverter
- b. Microprocessors Controlled
- c. Touch panel with EL display
- d. Advanced Anatomical Programming with 400 programs

- e. Two-point (kV / mAs) and three-point (kV / mA / t) manual techniques and manual AEC / APR override capabilities
- f. **80** kW Radiographic Rating
- g. Radiographic kV/40 - 150 kV Continuous
- h. Radiographic mA / 10 - 1000 mA
- i. Time Selections / 0.001 - 10 seconds
- j. Detailed Exposure Factor setting with 12.5% increment exposure time or mAs
- k. Fluoroscopic kV/50 - 125 kV Continuous
- l. Fluoroscopic mA / 0.2 - 4 mA
- m. Fluoro brightness stabilizer
- n. Fluoroscopic timer
- o. High speed rotor starter
- p. Exposure counter
- q. Anode heat calculator
- r. Under table x-ray tube
- s. Compact, space saving control console, desk or wall mount
- t. Two X-Ray Tube compatibility
- u. AEC (Photo timing)
- v. Requires 480 VAC, Three Phase Power

**5. Acquisition:**

- a. Real-Time automatic image optimization
- b. Auto-system calibration keeps images looking their best
- c. Customizable fields for faster examination setup
- d. Acquisition up to 15-fps

**6. Fluoro:**

- a. Fluoro-loop most commonly used with video swallows
- b. Expanded Edge Enhancement for incredibly sharp images
- c. Last image hold or real-time fluoro store
- d. Real-time roadmapping
- e. Integration with motion correction
- f. Pulsed Fluoro (generator dependent)

**7. Processing:**

- a. Customizable fields allow examination settings to be pre-programmed to individual doctor's specifications making for one-click exam setup
- b. Instant access to images on-line
- c. Pulsed fluoroscopy; reduces motion artifact and x-ray dose. 30, 15, 7.5, 3.75 fps
- d. Real-time noise reactive edge enhancement. Provides clear edge display regardless of image noise
- e. Motion detective noise reduction. Effectively filters noise and incorporates motion correction by recursive filtering
- f. Window & center control, gray scale inversion
- g. Gamma curve selection
- h. Horizontal (right / left), vertical (up / down), image flip
- i. Electronic cropping (auto / manual). Electronic masking for unnecessary data to create easy-to-see images
- j. Annotation and pre-set glossary
- k. Zoom & scroll
- l. Multi-frame display; 16 and 4 with study / series overview
- m. Cine-display, a series of radiographic images can be displayed on the monitor continuously at 15 fps
- n. DICOM Print, Storage, and Modality Worklist

**8. Fluoro Monitors:**

- a. 18" High-Resolution Grayscale Flat Panel Display Monitors (2 ea)

**9. Under-table X-ray Tube 400KHU 0.6/1.2**

- a. 0.6 x 1.2 mm focal spots
- b. 16 degree target angle
- c. Air Circulation Fan

**10. Overhead Ceiling Tube Suspension Package:**

- a. Joystick function, enable to control table top positioning adjustment with the joystick on OCT panel
- b. Communicates with the control console, permits the exposure parameters and APR to be set and changed at the x-ray tube crane
- c. The combination of operations from a clear, color LCD display with unique, advanced APR functions allows rapid setting of the parameters
- d. "User defined" lock release buttons
- e. "All Locks" release button allowing one-handed operation for procedures in the standing position
- f. Fixed rail 4.0m x 1.1m
- g. Traveling rail 2.6m
- h. Longitudinal travel of 2,950 mm (with 4m fixed rail)
- i. Transverse travel of 2,000 mm (with 2.6m traveling rail)
- j. Automatic collimator
- k. High tension cables 22M
- l. Over table X-ray tube 0.6 x 1.2 400 kHU; 12°
- m. SID Detection (Longitudinal and Transverse)

**11. Wall Bucky**

- a. Vertical travel to accommodate all patient ranges and studies
- b. AEC
- c. Frontal Handgrip
- d. Overhang Handgrip
- e. Removable grid
- f. Grid for 40" 72" examinations
- g. Tilttable Bucky

**12. Flat Panel Display Ceiling Suspension**

- a. Mobile gantry and counterbalanced swing arm with 42 inch sweep radius, 25 inch vertical travel and +180 degree rotation
- b. Ceiling rails 8 foot 10 inch
- c. Flat Panel array with +180 degree rotation
- d. Array includes 1 display panel mounts with +10 degree tilt

## **D. Equipment Specifications for Wireless Single Flat Panel Detectors**

### **1. Minimum specifications:**

- a. GoS : Gadolinium Oxysulfide conversion layer (scintillator)
- b. a-Si: (Amorphous Silicon) readout layer
- c. Same size as 14 x 17 CR or Film Cassette: 15x18x.55, 6.15lbs.
- d. Image Preview: 3 Seconds, 9 second cycle time.
- e. up to 3 second exposure times for breathing techniques
- f. 150 Micron Pixel Pitch (2,304 x 2,880 pixel matrix)

### **2. PC Workstation for Image Acquisition and Review**

- a. Hardware including desktop CPU (3.2GHz, 4G RAM, 160G Hdd), keyboard, 19 in. color touch screen LCD monitor
- b. DICOM Worklist Management for interface to Dicom compliant RIS/HIS
- c. DICOM CR Store for connectivity to PACS
- d. QC adjustments including exam reprocessing, sensitivity, latitude, density and contrast
- e. FNC (Flexible Noise Control) - advanced image processing for intelligent suppression of noise without loss of diagnostic information or sharpness
- f. MFP (Multi-Frequency Processing) – sophisticated imaging processing providing overall density uniformity for all anatomical regions
- g. Technologist editing tools such as automatic and manual Shutters (black borders) and movable annotation markers
- h. Basic security features - customizable technologist log in/log out & user restrictions
- i. Statistical Analysis reporting - Text file download of patient image database, including reason for image rejection coding, for reject or other performance analyses
- j. Free Text Annotation - commenting text annotation marker capability
- k. Image Magnification - enhanced full screen, magnification and zoom image display tools.
- l. “DROP PROTECTION WARRANTY” /EXTENDED WARRANTY



## Exhibit B

### Cost/Price Schedule

| Line Item  | Unit of Issue  | Quantity | Unit Price | Extended Price |
|--|----------------|----------|------------|----------------|
| Radiographic Room (Room 4) Equipment             | Job            | 1        |            |                |
| Removal / Installation (Room 4)                  | Job            | 1        |            |                |
| Radiographic/Fluoroscopy Room (Room 6) Equipment | Job            | 1        |            |                |
| Removal / Installation (Room 6)                  | Job            | 1        |            |                |
| Wireless Single Flat Panel Detectors             | Each           | 2        |            |                |
| Installation (Flat Panel Detectors)              | Job            | 1        |            |                |
| Training   | Job            | 1        |            |                |
|  | Total          |          |            |                |
| Rebate from old systems                          | Lot            | 1        |            |                |
|  | Contract Total |          |            |                |

## Exhibit C

### **CUSTOMER'S INSURANCE REQUIREMENTS**

**TO ENSURE COMPLIANCE WITH THE CONTRACT DOCUMENT, Provider SHOULD FORWARD THE FOLLOWING INSURANCE CLAUSE AND SAMPLE INSURANCE FORM TO THEIR INSURANCE AGENT PRIOR TO PROPOSAL SUBMITTAL.**

Format/Time: The Provider shall provide Owner with Certificates of Insurance, per the sample format (page B-3), for coverages as listed below, and endorsements affecting coverage required by this Contract within **10 calendar days** after the award by the Owner. All policy certificates and endorsements shall be signed by a person authorized by that insurer and who is licensed by the State of Nevada in accordance with NRS 680A.300. All required aggregate limits shall be disclosed and amounts entered on the Certificate of Insurance, and shall be maintained for the duration of the Contract and any renewal periods.

Owner Coverage: The Owner, its officers and employees must be expressly covered as additional insureds except on workers' compensation insurance coverages. The Provider's insurance shall be primary as respects the Owner, its officers and employees.

Endorsement/Cancellation: The Provider's general liability insurance policy shall be endorsed to recognize specifically the Provider's contractual obligation of additional insured to Owner. All policies must note that the Owner will be given thirty (30) calendar days advance notice by certified mail "return receipt requested" of any policy changes, cancellations, or any erosion of insurance limits.

Deductibles: All deductibles and self-insured retentions shall be fully disclosed in the Certificates of Insurance and may not exceed \$25,000.

Aggregate Limits: If aggregate limits are imposed on bodily injury and property damage, then the amount of such limits must not be less than \$2,000,000.

Commercial General Liability: Subject to Paragraph 6 of this Exhibit, the Provider shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury (including death), personal injury and property damages. Commercial general liability coverage shall be on a "per occurrence" basis only, not "claims made," and be provided either on a Commercial General Liability or a Broad Form Comprehensive General Liability (including a Broad Form CGL endorsement) insurance form.

Automobile Liability: Subject to Paragraph 6 of this Exhibit, the Provider shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage to include, but not be limited to, coverage against all insurance claims for injuries to persons or damages to property which may arise from services rendered by Provider and any auto used for the performance of services under this Contract.

Workers' Compensation: The Provider shall obtain and maintain for the duration of this contract, a work certificate and/or a certificate issued by an insurer qualified to underwrite workers' compensation insurance in the State of Nevada, in accordance with Nevada Revised Statutes Chapters 616A-616D, inclusive, provided, however, a Provider that is a Sole Proprietor shall be required to submit an affidavit (Attachment 1) indicating that the Provider has elected not to be included in the terms, conditions and provisions of Chapters 616A-616D, inclusive, and is otherwise in compliance with those terms, conditions and provisions.

Failure To Maintain Coverage: If the Provider fails to maintain any of the insurance coverages required herein, Owner may withhold payment, order the Provider to stop the work, declare the Provider in breach, suspend or terminate the Contract, assess liquidated damages as defined herein, or may purchase replacement insurance or pay premiums due on existing policies. Owner may collect any replacement insurance costs or premium payments made from the Provider or deduct the amount paid from any sums due the Provider under this Contract.

Additional Insurance: The Provider is encouraged to purchase any such additional insurance as it deems necessary.

Damages: The Provider is required to remedy all injuries to persons and damage or loss to any property of Owner, caused in whole or in part by the Provider, their subcontractors or anyone employed, directed or supervised by Provider.

Cost: The Provider shall pay all associated costs for the specified insurance. The cost shall be included in the price(s).

Insurance Submittal Address: All Insurance Certificates requested shall be sent to the University Medical Center of Southern Nevada, Attention: Contracts Management. See the Submittal Requirements Clause in the RFP package for the appropriate mailing address.

Insurance Form Instructions: The following information must be filled in by the Provider's Insurance Company representative:

- 1) Insurance Broker's name, complete address, phone and fax numbers.
- 2) Provider's name, complete address, phone and fax numbers.
- 3) Commercial General Liability (Per Occurrence)
  - (A) Policy Number
  - (B) Policy Effective Date
  - (C) Policy Expiration Date
  - (D) General Aggregate (\$2,000,000)
  - (E) Products-Completed Operations Aggregate (\$2,000,000)
  - (F) Personal & Advertising Injury (\$1,000,000)
  - (G) Each Occurrence (\$1,000,000)
  - (H) Fire Damage (\$50,000)
  - ( I ) Medical Expenses (\$5,000)
- 4) Automobile Liability (Any Auto)
  - (J) Policy Number
  - (K) Policy Effective Date
  - (L) Policy Expiration Date
  - (M) Combined Single Limit (\$1,000,000)
- 5) Workers' Compensation
- 6) Description: Number and Name of Contract (must be identified on the initial insurance form and each renewal form).
- 7) Certificate Holder:

University Medical Center of Southern Nevada  
c/o Contracts Management  
1800 West Charleston Boulevard  
Las Vegas, Nevada 89102

**THE CERTIFICATE HOLDER, UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA, MUST BE NAMED AS AN ADDITIONAL INSURED.**
- 8) Appointed Agent Signature to include license number and issuing state.

| <b>CERTIFICATE OF INSURANCE</b>   |   |                              |  |                                   |                               | ISSUED DAY (MM/DD/YY)<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|---|---|------------------------------|--|-----------------------------------|-------------------------------|--|
| <b>1. PRODUCER</b><br><br>INSURANCE BROKER'S NAME<br>ADDRESS<br>PHONE & FAX NUMBERS   |   |                              | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.                    |                                   |                               |  |
| <b>2. INSURED</b><br><br>INSURED'S NAME<br>ADDRESS<br>PHONE & FAX NUMBERS   |   |                              | COMPANIES AFFORDING COVERAGE   |                                   |                               |  |
|   |   |                              | COMPANY LETTER <b>A</b>  |                                   |                               |  |
|   |   |                              | COMPANY LETTER <b>B</b>  |                                   |                               |  |
|   |   |                              | COMPANY LETTER <b>C</b>  |                                   |                               |  |
|   |   |                              | COMPANY LETTER <b>D</b>  |                                   |                               |  |
| COMPANY LETTER <b>E</b>   |   |                              |  |                                   |                               |  |
| <b>COVERAGES</b><br><br>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |   |                              |  |                                   |                               |  |
| CO LTR  | TYPE OF INSURANCE   | POLICY NUMBER                | POLICY EFFECTIVE DATE (MM/DD/YY)   | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                        |  |
| <b>3.</b>   | <b>GENERAL LIABILITY</b>  | (A)                          | (B)  | (C)                               | GENERAL AGGREGATE             | \$(D) 2,000,000  |
|   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                |                              |  |                                   | PRODUCTS-COMP/OP AGG.         | \$(E) 2,000,000  |
|   | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. |                              |  |                                   | PERSONAL & ADV. INJURY        | \$(F) 1,000,000  |
|   | <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.                           |                              |  |                                   | EACH OCCURRENCE               | \$(G) 1,000,000  |
|   | <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE                       |                              |  |                                   | FIRE DAMAGE (Any one fire)    | \$(H) 50,000   |
|   | <input type="checkbox"/> INDEPENDENT CONTRACTOR                                 |                              |  |                                   | MED. EXPENSE (Any one person) | \$(I) 5,000  |
|   | <b>4.</b>   |                              |  |                                   | <b>AUTOMOBILE LIABILITY</b>   | (J)  |
| <input checked="" type="checkbox"/> ANY AUTO  |   | BODILY INJURY (Per person)   | \$   |                                   |                               |  |
| <input type="checkbox"/> ALL OWNED AUTOS  |   | BODILY INJURY (Per accident) | \$   |                                   |                               |  |
| <input type="checkbox"/> SCHEDULED AUTOS  |   | PROPERTY DAMAGE              | \$   |                                   |                               |  |
| <input type="checkbox"/> HIRED AUTOS  |   | EACH OCCURRENCE              | \$   |                                   |                               |  |
| <input type="checkbox"/> NON-OWNED AUTOS  |   | AGGREGATE                    | \$   |                                   |                               |  |
| <input type="checkbox"/> GARAGE LIABILITY   |   |                              |  |                                   |                               |  |
| <b>EXCESS LIABILITY</b>   |   |                              |  | STATUTORY LIMITS                  |                               |  |
| <input type="checkbox"/> UMBRELLA FORM  |   |                              |  | EACH ACCIDENT                     | \$                            |  |
| <input type="checkbox"/> OTHER THAN UMBRELLA FORM   |   |                              |  | DISEASEcPOLICY LIMIT              | \$                            |  |
| <b>5.</b>   | <b>WORKER'S COMPENSATION</b>  |                              |  |                                   | DISEASEcEACH EMPLOYEE         | \$   |
|   |   |                              |  |                                   | AGGREGATE \$                  |  |
|   |   |                              |  |                                   |                               |  |
| <b>6. DESCRIPTION OF CONTRACT: NUMBER AND NAME OF CONTRACT</b>  |   |                              |  |                                   |                               |  |
| <b>7. CERTIFICATE HOLDER</b><br><br>UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA<br>1800 WEST CHARLESTON BOULEVARD<br>LAS VEGAS, NV 89102<br>The Certificate Holder is named as an additional insured.  |   |                              | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, |                                   |                               |  |
|   |   |                              | <b>8. APPOINTED AGENT SIGNATURE</b><br>INSURER LICENSE NUMBER _____<br>ISSUED BY STATE OF _____  |                                   |                               |  |

## Exhibit D

### INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM March 2011

#### **Purpose of the Form**

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners ("BCC") in determining whether members of the BCC should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

#### **General Instructions**

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and the appropriate Clark County government entity. Failure to submit the requested information may result in a refusal by the BCC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

#### **Detailed Instructions**

All sections of the Disclosure of Ownership form must be completed. If not applicable, write in N/A.

**Business Entity Type** – Indicate if the entity is an Individual, Partnership, Limited Liability Company, Corporation, Trust, Non-profit Organization, or Other. When selecting 'Other', provide a description of the legal entity.

**Non-Profit Organization (NPO)** - Any non-profit corporation, group, association, or corporation duly filed and registered as required by state law.

**Business Designation Group** – Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), or Physically-Challenged Business Enterprise (PBE). This is needed in order to provide utilization statistics to the Legislative Council Bureau, and will be used only for such purpose.

**Minority Owned Business Enterprise (MBE):**

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

**Women Owned Business Enterprise (WBE):**

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

**Physically-Challenged Business Enterprise (PBE):**

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

**Small Business Enterprise (SBE):**

An independent and continuing business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

**Business Name (include d.b.a., if applicable)** – Enter the legal name of the business entity and enter the "Doing Business As" (d.b.a.) name, if applicable.

**Corporate/Business Address, Business Telephone, Business Fax, and Email** – Enter the street address, telephone and fax numbers, and email of the named business entity.

**Local Business Address, Local Business Telephone, Local Business Fax, and Email** – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

**Number of Clark County Nevada Residents employed by this firm.**

**List of Owners/Officers** – Include the full name, title and percentage of ownership of each person who has ownership or financial interest in the business entity. If the business is a publicly-traded corporation or non-profit organization, list all Corporate Officers and Directors only.

**For All Contracts – (Not required for publicly-traded corporations)**

- 1) Indicate if any individual members, partners, owners or principals involved in the business entity are a Clark County full-time employee(s), or appointed/elected official(s). If yes, the following paragraph applies.

In accordance with NRS 281A.430.1, a public officer or employee shall not bid on or enter into a contract between a government agency and any private business in which he has a significant financial interest, except as provided for in subsections 2, 3, and 4.

- 2) Indicate if any individual members, partners, owners or principals involved in the business entity have a second degree of consanguinity or affinity relation to a Clark County full-time employee(s), or appointed/elected official(s) (reference form on Page 2 for definition). If **YES**, complete the Disclosure of Relationship Form. Clark County is comprised of the following government entities: Clark County, University Medical Center of Southern Nevada, Department of Aviation (McCarran Airport), and Clark County Water Reclamation District. Note: The Department of Aviation includes all of the General Aviation Airports (Henderson, North Las Vegas, and Jean).

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

**Signature and Print Name** – Requires signature of an authorized representative and the date signed.

**Disclosure of Relationship Form** – If any individual members, partners, owners or principals of the business entity is presently a Clark County employee, public officer or official, or has a second degree of consanguinity or affinity relationship to a Clark County employee, public officer or official, this section must be completed in its entirety.

# DISCLOSURE OF OWNERSHIP/PRINCIPALS

Exhibit D  
RFP 2011-15

|  |                                      |  |   |                                |  |
|--|--------------------------------------|--|---|--------------------------------|--|
| <b>Business Entity Type</b>                              |                                      |  |   |                                |  |
| <input type="checkbox"/> Sole Proprietorship             | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation      | <input type="checkbox"/> Trust | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Other                           |                                      |  |   |                                |  |
| <b>Business Designation Group</b>                        |                                      |  |   |                                |  |
| <input type="checkbox"/> MBE                             | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE              | <input type="checkbox"/>       | <input type="checkbox"/>                         |
| Minority Business Enterprise                             | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise |                                |  |
| <b>Corporate/Business Entity Name:</b>                   |                                      |  |   |                                |  |
| <b>(Include d.b.a., if applicable)</b>                   |                                      |  |   |                                |  |
| <b>Street Address:</b>                                   |                                      |  |   | <b>Website:</b>                |  |
| <b>City, State and Zip Code:</b>                         |                                      |  |   | <b>POC Name and Email:</b>     |  |
| <b>Telephone No:</b>                                     |                                      |  |   | <b>Fax No:</b>                 |  |
| <b>Local Street Address:</b>                             |                                      |  |   | <b>Website:</b>                |  |
| <b>City, State and Zip Code:</b>                         |                                      |  |   | <b>Local Fax No:</b>           |  |
| <b>Local Telephone No:</b>                               |                                      |  |   | <b>Local POC Name Email:</b>   |  |
| <b>Number of Clark County Nevada Residents Employed:</b> |                                      |  |   |                                |  |

**All entities**, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

**Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors** in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

**Entities** include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

| Full Name | Title | % Owned<br><small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small> |
|-----------|-------|--|
| _____     | _____ | _____  |
| _____     | _____ | _____  |
| _____     | _____ | _____  |
| _____     | _____ | _____  |

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Exhibit D  
RFP 2011-15

---

***This section is not required for publicly-traded corporations.***

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☐ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☐ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

---

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

---

Signature

---

Print Name

---

Title

---

Date



List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL AND<br>JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|---|---|--|
|                                     |   |   |  |
|                                     |   |   |  |
|                                     |   |   |  |
|                                     |   |   |  |
|                                     |   |   |  |
|                                     |   |   |  |
|                                     |   |   |  |
|                                     |   |   |  |
|                                     |   |   |  |

\* County employee means Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

---

**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## Exhibit E

### INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF RELATIONSHIP (Suppliers) May 2011

#### **Purpose of the Form**

The purpose of the Disclosure of Relationship Form is to gather information pertaining to the business entity for use by the Board of Hospital Trustees and Hospital Administration in determining whether a conflict of interest exists prior to awarding a contract.

#### **General Instructions**

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and UMC. Failure to submit the requested information may result in a refusal by the UMC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

#### **Detailed Instructions**

All sections of the Disclosure of Relationship form must be completed. If not applicable, write in N/A.

**Business Name (include d.b.a., if applicable)** – Enter the legal name of the business entity and enter the “Doing Business As” (d.b.a.) name, if applicable.

**Corporate/Business Address, Business Telephone, Business Fax, and Email** – Enter the street address, telephone and fax numbers, and email of the named business entity.

**Local Business Address, Local Business Telephone, Local Business Fax, and Email** – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

**Signature and Print Name** – Requires signature of an authorized representative and the date signed.

#### **Definition**

An actual or potential conflict of interest is present when an actual or potential conflict exists between an individual’s duty to act in the best interests of UMC and the patients we serve and his or her desire to act in a way that will benefit only him or herself or another third party. Although it is impossible to list every circumstance giving rise to a conflict of interest, the following will serve as a guide to the types of activities that might cause conflict of interest and to which this policy applies.

#### **Key Definitions**

**“Material financial interest”** means

- An employment, consulting, royalty, licensing, equipment or space lease, services arrangement or other financial relationship
- An ownership interest
- An interest that contributes more than 5% to a member’s annual income or the annual income of a family member
- A position as a director, trustee, managing partner, officer or key employee, whether paid or unpaid

**“Family member”** means a spouse or domestic partner, children and their spouses, grandchildren and their spouses, parents and their spouses, grandparents and their spouses, brothers and sisters and their spouses, nieces and nephews and their spouses, parents-in-law and their spouses. Children include natural and adopted children. Spouses include domestic partners.

**“Personal interests”** mean those interests that arise out of a member’s personal activities or the activities of a family member.

## DISCLOSURE OF RELATIONSHIP (Suppliers)

|  |  |
|--|--|
| <b>Corporate/Business Entity Name:</b> |  |
| <b>(Include d.b.a., if applicable)</b> |  |
| <b>Street Address:</b>                 |  |
| <b>City, State and Zip Code:</b>       |  |
| <b>Telephone No:</b>                   |  |
| <b>Point of Contact Name:</b>          |  |
| <b>Email:</b>                          |  |

1. **COMPENSATION ARRANGEMENTS** - Does a UMC employee or physician who is a member of UMC's medical staff (or does a family member of either group) have an employment, consulting or other financial arrangement (including, without limitation, an office or space lease, royalty or licensing agreement, or sponsored research agreement) with the company?

☐ Yes    ☐ No    (If yes, complete following.)

| Name of Person<br>(self or family member) | Name of Company | Describe the Compensation Arrangement | Dollar Value of Compensation |
|---|-----------------|---------------------------------------|------------------------------|
| 1.  |                 |                                       |                              |
| 2.  |                 |                                       |                              |
| 3.  |                 |                                       |                              |

*(Use additional sheets as necessary)*

2. **BUSINESS POSITIONS** - Is a UMC employee or physician who is a member of UMC's medical staff (or does a family member of either group) an officer, director, trustee, managing partner, officer or key employee of the company?

☐ Yes    ☐ No    (If yes, complete following.)

| Name of Person<br>(self or family member) | Name of Company | Business Position or Title | Dollar Value of Compensation<br>(include meeting stipends and travel reimbursement) |
|---|-----------------|----------------------------|---|
| 1.  |                 |                            |   |
| 2.  |                 |                            |   |
| 3.  |                 |                            |   |

*(Use additional sheets as necessary)*

---

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**For UMC Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes    ☐ No    Is the UMC employee or physician who is a member of UMC's medical staff (or a family member of either group) noted above involved in the contracting/selection process?

☐ Yes    ☐ No    Is the UMC employee or physician who is a member of UMC's medical staff (or a family member of either group) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## Exhibit F

### MILESTONES (EXAMPLE)

| ACTIVITY | PERCENTAGE OF<br>WORK | AMOUNT |
|----------|-----------------------|--------|
|          |                       |        |
|          |                       |        |
|          |                       |        |
|          |                       |        |
|          |                       |        |
|          |                       |        |
|          |                       |        |
|          |                       |        |
|          |                       |        |
|          |                       |        |
|          |                       |        |

**\*\*May be substituted with contractor's own format (i.e. Gantt chart)**

## **Exhibit G**

### **UMC IT Requirements for Technology Implementations**

#### **Database**

- Vendor-provided databases must be developed on an industry standard platform such as Microsoft SQL or Oracle. Other database platforms may be reviewed and accepted on a case-by-case basis.
- SQL Databases must be version 2005 or later and be capable of running in a windows active/passive clustered environment.
- Vendor must provide recommendations for support, integrity maintenance, backup schemes, space considerations, etc. for any databases they provide.
- If applicable, the vendor will perform a conversion or other transition of data in the current database into the new solution.

#### **Development**

- System must be able to interface with all current hospital computer systems (including but not limited to Pharmacy, Pathology, Microbiology, Admitting, Radiology, Surgery, Respiratory, Cardiology, etc.) using healthcare standard interfaces (HL7). Other data formats will be considered on a case-by-case basis.
- System should be upgradeable for future development of computer technology (electronic medical record, computerized charting, and physician order entry) as applicable.

#### **Configuration Management**

- Vendor needs to provide specifications for all hardware and non-software requirements, server and client, to host and run their systems as a separate purchasable option.
- The Proposer will provide a detailed contract, detailing and separating hardware costs and maintenance, software license(s) and maintenance (system and any third-party software), implementation fees, training and other professional services fees.
- The Proposer will provide diagrams, charts, and graphical representations of all systems designs to include ALL components proposed in their bid. This includes internet, networks, servers, firewalls, workstations, modalities and all other IT components on or off-site that need to be procured for the Proposer's solution.

#### **Compliance**

- Proposed solutions must be compliant with all relevant regulatory requirements (HIPAA, Joint Commission, PCI, etc.) in all facets of design, delivery, execution and ongoing support.

#### **Network/Infrastructure**

- The use of a VLAN, firewall and/or other network configuration measures may be employed to isolate and contain vendor solutions that do not conform to established security and network requirements.
- All bids for such measures must include costs to implement non-conforming designs.

#### **Systems and Operations**

- Vendor-provided solutions must be developed on current and supported industry standard operating systems platforms such as Microsoft Windows Enterprise Server 2003/2008. Other operating systems may be reviewed and accepted on a case-by-case basis.
- Installation and maintenance of the server and client applications are to be provided in a WISE or InstallShield (or similar tool) method.
- UMC will manage all computer hardware installed.
- UMC will manage operating systems software, including operating system updates, asset management agents, backup agents, and anti-virus protection.
- Vendor software must not interfere or invalidate any operational function of UMC-managed software or agents.
  - Exceptions may be made for issues such as database folders/files that require exclusion from anti-virus scans
  - All proposed exceptions will be reviewed on a case-by-case basis
- Upgrades, enhancements, feature changes, and maintenance to vendor software will be done in coordination with and the cooperation of UMC IT Department personnel.
- Proposed systems must be capable of being managed remotely by the supporting vendor.
- Vendors may not service or modify the software at user request without express consent and involvement of the UMC IT Department.

- Turn-key solutions that provide hardware and software must use industry standard hardware platforms (HP, Dell, IBM, SUN) and include appropriate Intelligent Platform Management Interfaces (IPMI) for side-band management agents such as HP Integrated Lights Out (ILO2), Dell Remote Assistance Card (DRAC) or IBM Remote Supervisor Adaptor (RSA).

### **Project Management**

- Vendor will use Microsoft Project to track and manage project status.
- Vendor needs to provide a written scope of work, including each type of resource needed and estimated work effort.
- The Proposer will need to provide 24/7 onsite support for at least the first two (2) weeks of go-live.

### **Security**

- Client applications should not require local administrative access on the workstation computer to process or work with the server application.
- Client software must use DNS for hostname resolution and be capable of finding server resources in either a forward or reverse-lookup fashion.
- Web based portals or applications must use port SSL (port 443) to perform initial sign on of users.
- Any web based feature or function must be capable of running fully in SSL (port 443) mode and be configurable to process this way if desired by UMC.
- Web-enabled applications must be Internet Explorer 7 compliant. They should not require ActiveX components or other ad-hoc components not supplied during initial install. This applies to future upgrades as well. The only exception to this is digital certificates the user may need to provide secured processing.
- Digital certificates required for processing should be quoted from a recognized public key organization (VeriSign, etc.) and pricing for certificates included in bid.
- Components of the solution on UMC's network must be capable of accepting UMC's Microsoft Active Directory Group Policy Object (AD/GPO) directives and being attached to our domain.
- Local administrative logons MAY NOT be used to install or run vendor's software. All vendor accounts must conform to UMC logon policies and be issued through Microsoft active directory including service, support, database SA and any other system access logon/password combination.
- Vendor software must be Microsoft Lightweight Directory Access Protocol (LDAP) compliant and interfaced to allow control of user access.
- All remote access by the vendor will be done by approved UMC methods, i.e., HTTP/SSL over port 443, VPN or similar configuration. No modem or dial-in access will be permitted to enter UMC's firewalls.

### **Training**

- The vendor must supply systems and client training to UMC IT personnel in a train-the-trainer environment either on- or off-campus.
- The vendor will supply detailed guides for installation and administration of both server and client software
- The vendor must supply training to all affected user departments in a train-the-trainer environment, either on- or off-campus.

## Exhibit H

### Contract Terms and Requirements

#### A. Payment Terms

- a. Net 90

#### B. Termination/Cancellation

- a. OWNER may terminate this agreement with cause, after giving said party thirty (30) days notice to remedy the stated breach. If a remedy is not met, OWNER may terminate this agreement within thirty (30) days written notice. Service costs through the termination date will be prorated to coverage days. OWNER will pay the prorated amount for services through the termination date. The PROPOSER shall refund to OWNER the prorated amount on any prepaid amount.

#### C. Compliance with the Owner's Insurance Requirements

- a. OWNER's insurance requirements are included as **Exhibit C**. Successful PROPOSER will be required to provide a copy of the declaration page of your current liability insurance policy prior to the award of contract.

#### D. Clark County Business License / Registration

Prior to award of this RFP, other than for the supply of goods being shipped directly to a UMC facility, the successful PROPOSER will be required to obtain a Clark County business license or register annually as a limited vendor business with the Clark County Business License Department.

1. Clark County Business License is Required if:

- a. A business is physically located in unincorporated Clark County, Nevada.
- b. The work to be performed is located in unincorporated Clark County, Nevada.

2. Register as a Limited Vendor Business Registration if:

- a. A business is physically located outside of unincorporated Clark County, Nevada.
- b. A business is physically located outside the state of Nevada.

The Clark County Department of Business License can answer any questions concerning determination of which requirement is applicable to your firm. It is located at the Clark County Government Center, 500 South Grand Central Parkway, 3<sup>rd</sup> Floor, Las Vegas, NV or you can reach them via telephone at (702) 455-4253 or toll free at (800) 328-4813.

You may also obtain information on line regarding Clark County Business Licenses by visiting the website at [www.clarkcountynv.gov](http://www.clarkcountynv.gov) , go to "Business License Department"  
([http://www.clarkcountynv.gov/Depts/business\\_license/Pages/default.aspx](http://www.clarkcountynv.gov/Depts/business_license/Pages/default.aspx))